SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 552 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Texas Medical Association Political	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ernest Dale Buck Mailing Address 425 Dolphin Pl			Date of Receipt 1 1 0 9 2 0 0 7
City Corpus Christi FEC ID number of contributing	State TX	Zip Code 78411-1513	Transaction ID: 22544528 Amount of Each Receipt this Period 300.00
Receipt For: Primary Other (specify)	Occupation Physician		1
Full Name (Last, First, Middle Initial) Dr. Daniel Wilson Bywaters Mailing Address 4502 County Road 4600			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 22544537
Athens FEC ID number of contributing federal political committee.	C	75752-5860	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician Aggregate		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		425.00	
Dr. Roger C. Camp Mailing Address 9116 Whitehurst Dr			Date of Receipt 1 1 0 6 2 0 0 7
City	State	Zip Code	Transaction ID: 22544538
Dallas FEC ID number of contributing federal political committee.	C	75243-6302	Amount of Each Receipt this Period 300.00
Name of Employer Dallas Diagnostic Associa- tion Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	, aga agate	300.00	
SUBTOTAL of Receipts This Page (optional)	_	900.00